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Twenty-eighth Meeting of Heads of National Drug Law Enforcement Agencies, Africa
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Item 4 of the provisional agenda**
Implementation of the recommendations adopted by the Twenty-sixth Meeting of Heads of National Drug Law Enforcement Agencies, Africa

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Note by the Secretariat

I. Introduction

1. The Twenty-sixth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Addis Ababa from 19 to 23 September 2016, adopted a set of recommendations following the consideration by working groups of the issues indicated below.

2. In accordance with established practice, the report on the Twenty-sixth Meeting was forwarded to the Governments represented at that session. A questionnaire on the implementation of the recommendations adopted at that Meeting was dispatched to Governments on 3 April 2018, with a deadline for replies set at 29 June 2018.

3. The present report was prepared based on information provided to the United Nations Office on Drugs and Crime (UNODC) by Governments in response to that questionnaire. As at 19 July 2018, replies had been received from the Governments of Algeria, Eswatini, Mali, Morocco, Nigeria, Senegal, South Africa, the Sudan, and the United Republic of Tanzania. Member States whose responses are not included because they were received after that date may wish to brief the Meeting on the implementation of recommendations under the corresponding agenda item.

* Available only in Arabic, English and French, which are the working languages of the subsidiary body.

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II. Responses from Member States to the questionnaire

Issue 1: Effective national and regional strategies to address drug trafficking by sea

Recommendation 1

4. It was recommended that countries of the region with extensive, remote and difficult to patrol coastlines be encouraged to develop specific maritime protection strategies that support inter-agency collaboration to maximize the effectiveness of limited resources.

5. Algeria reported that maritime surveillance required the involvement of all institutional actors, who worked together on operations and intelligence-sharing under the auspices of committees of local governorates, chaired by governors with local jurisdiction.

6. Eswatini, as a landlocked country, had taken no action to implement this recommendation.

7. Mali indicated that it had taken no action to implement this recommendation as it was not applicable.

8. Morocco reported that its authorities had adhered to a strict policy aimed at sealing off the coastal borders through the deployment of considerable amounts of human and material resources. The measures introduced in that context were based, inter alia, on coordination among, and complementary efforts across, the various security services involved in the proactive process of combating the international trafficking of drugs by sea.

9. Nigeria indicated that the harmonized standard operating procedures on arrest, detention and prosecution of vessels and persons in its maritime environment had been implemented and were being utilized.

10. Senegal reported that its navy was continuously patrolling the coastline and that it periodically participated in combined operations to combat illegal fishing, piracy and trafficking in all its forms, including drug trafficking. It often acted in partnership with other countries along the Gulf of Guinea. The joint container control unit, based at the port of Dakar, was also involved in efforts to combat drug trafficking by sea.

11. South Africa referred to several initiatives aimed at combating drug trafficking by sea, including a project involving sniffer dogs for the detection of narcotics at airports and sea ports and a project to develop capacities with a view to training drug enforcement officers in neighbouring countries.

12. The Sudan referred to its long coastal strip along the Red Sea, which spanned 750 kilometres, where many criminal groups were active in drug smuggling. Heroin was being smuggled from East Africa to the Red Sea coast of the Sudan and from there to Egypt, while other drugs were being smuggled to Saudi Arabia. The smuggling of heroin from Pakistan to Yemen and from there to the Red Sea coast of the Sudan was identified as a new trend. Strategies were developed, involving all relevant agencies, to curtail drug smuggling operations, monitor the coast, control fishing, monitor tourist yachts, protect the border, protect territorial waters and combat all smuggling activities, including the smuggling of persons, goods and drugs. The strategies were implemented by the Sudanese maritime forces, intelligence and security agencies, anti-narcotics forces, anti-smuggling forces and the Maritime Ports Authority. All of those forces operated in close coordination under the supervision of the security committee of the Red Sea state. Roles were coordinated, information shared, joint operations implemented and available resources exploited in the most effective way to achieve the desired goals.

13. The United Republic of Tanzania reported that it had worked closely with its international partners to provide maritime protection by patrolling coastlines, in spite of its limited resources. Through those joint operations, significant seizures of heroin

had been made. Despite the positive results achieved, the country required additional support to conduct regular maritime patrols, in particular support to increase the number of vessels at its disposal, ensure that advanced technology was used and ensure that capacity-building assistance for naval officers in the country was provided.

Recommendation 2

14. It was recommended that Governments support the development of maritime intelligence capacity within their drug enforcement authorities to monitor the movement of vessels and share this information with counterparts to facilitate the identification of traffickers and the vessels they are using.

15. Algeria reported that the regional authorities involved in combating trafficking in narcotic drugs and psychotropic substances had staff and intelligence units that specialized in conducting investigative activities and worked closely with units of maritime border police. The authorities systematically consulted the national central bureau of the International Criminal Police Organization (INTERPOL) on cases with international ramifications.

16. Mali indicated that it had taken no action to implement this recommendation.

17. Morocco reported that it had performed a strategic and operational analysis of intelligence gathered from cases involving drug trafficking by sea in order to obtain a clear view of the problem. Particular attention had been paid to the points of departure and destination of vessels, the places of trans-shipment, the routes taken, the volume of shipments of prohibited substances, the logistics of the operations, the modes of transport used, and details about the criminal networks involved, such as the profiles and nationalities of the ringleaders, the financial resources at their disposal and the way in which the work was allocated. The aim was to use the results at the national level and to share them systematically with countries of origin, transit and destination of narcotic drugs.

18. Nigeria reported that capacity-building programmes had been designed for officers of the National Drug Law Enforcement Agency and the Nigeria Customs Service working at the country's four main sea ports. The capacity-building programmes involved courses on criminal investigations, criminal intelligence and drug detection. Furthermore, an on-site mentoring programme had been carried out immediately after the training programme. By the end of 2017, a total of 264 officers working at the sea ports had benefited from the training. The training sessions were delivered under UNODC project NGAV16 entitled "Response to drugs and related organized crime in Nigeria", which is implemented in partnership with the Border Force of the United Kingdom of Great Britain and Northern Ireland.

19. Senegal indicated that it had sent two liaison officers on secondment to the Mediterranean Area Drug Enforcement Coordination Centre (Centre de Coordination de la Lutte Anti-Drogue en Méditerranée) in France, to share maritime intelligence on vessels suspected of transporting drugs. Several checks had been conducted on vessels passing through the territorial waters of Senegal.

20. South Africa reported that some important programmes had been established on the basis of a recommendation designed to strengthen basic national drug control structures, assess the extent of drug abuse in the country and the trafficking of drugs into the country, create projects tailored to the absortive capacity of the country and foster an approach whereby needs assessments were based on the principle of equal partnership between countries of the region.

21. The Sudan reported that its Government had established capacities to gather intelligence, monitor ship movements and exchange information to detect drug trafficking operations and other illegal activities, particularly those related to drug trafficking and trafficking in persons. Forces operating on the coast had fleets of motorboats, yachts, boats, as well as a range of weapons and military equipment and communication and observation devices. Those units shared intelligence and carried

out their duties by controlling, monitoring and deploying naval and land patrols along the Red Sea coast.

22. Eswatini, as a landlocked country, reported that it had taken no action to implement this recommendation.

23. The United Republic of Tanzania reported that it was working closely with various national and international agencies to share maritime intelligence. As part of a European Union project entitled "EU action against drugs and organised crime", the Drug Control and Enforcement Authority of that country had hosted two major meetings attended by various heads of law enforcement agencies from Africa and Europe to share maritime intelligence. Furthermore, officers from the Drug Control and Enforcement Authority attended intelligence-sharing workshops in other countries. As the host of the Meeting of Heads of National Drug Law Enforcement Agencies, Africa, the United Republic of Tanzania aimed to enhance its maritime intelligence capacity and increase the sharing of information with other law enforcement agencies.

Recommendation 3

24. It was recommended that Governments support the Indian Ocean Forum on Maritime Crime initiative and the maritime interdiction role of the Combined Maritime Forces aimed at disrupting heroin trafficking on the east coast of Africa.

25. Algeria and Mali noted that the recommendation was not applicable to them.

26. Eswatini, Morocco and Nigeria had taken no action to implement this recommendation.

27. Senegal indicated that its authorities would be willing to share any relevant information with the authorities of countries located along the coast of East Africa where necessary.

28. South Africa noted that cooperation was key to ensuring maritime security in the Indian Ocean. Managing maritime issues, however, was a challenging endeavour that required cooperation between countries in the region. South Africa had hosted the Indian Ocean Naval Symposium in 2012, whose objective had been to promote constructive engagement and dialogue in order to enhance maritime security in the Indian Ocean region and promote areas of common interest and cooperation among Member States.

29. The Sudan reported that it had not been invited to participate in this initiative and had no further information on it.

30. The United Republic of Tanzania indicated that it supported and was working with the Indian Ocean Forum on Maritime Crime initiative and the Combined Maritime Forces in order to disrupt the smuggling of heroin to the coast of East Africa from South East Asia. Significant seizures resulting from maritime interdiction operations had been made in the previous twelve months. An operation was reported to be ongoing along the coast of the United Republic of Tanzania in the fight against illegal activities, including illegal fishing, and forms of organized crime, such as drug trafficking. The current operation, entitled "Operation Jodari", was a partnership between the Government of the United Republic of Tanzania and Sea Shepherd Global and had led to the seizure of drugs and of fish that had been caught illegally.

Recommendation 4

31. It was recommended that Governments ensure the accuracy of contact information and focal point details that they provide to the United Nations directory of competent national authorities and to regularly update this information with any changes.

32. Algeria noted that its focal point was the National Office on Drug Control and Drug Addiction (ONLDT), and that contact information had been transmitted to UNODC and remained unchanged.

33. As requested by UNODC and the International Narcotics Control Board (INCB), Morocco has provided annually updated information on, and the contact details of, its focal points with a view to their being entered into the United Nations directory of authorities.

34. Nigeria noted that its information was up to date, in compliance with the recommendation.

35. Senegal, upon appointing a new director of the Central Office for the Suppression of Drug Trafficking (OCRTIS), oversaw the automatic transmission of the contact information to the directory of national drug control authorities.

36. South Africa improved its cooperation with INCB. New initiatives were developed to address the drug problem. For example, the National Drug Master Plan (2018–2022) was adopted and owners were being identified of large areas of land used to grow cannabis. The country also made efforts to improve the accuracy of its contact information.

37. The Sudan reported that its officials had Internet access and email addresses so that they could communicate with various international organizations and with counterpart agencies. They also had addresses of liaison officers.

38. The United Republic of Tanzania reported that the Government had adopted the recommendation by appointing a focal point within the Drug Control and Enforcement Authority. Representatives of the Authority had attended regional and international meetings and exchanged intelligence with partner countries, including Belgium, Canada, China, Germany, Italy, Kenya, the Netherlands, South Africa, the United Kingdom and the United States of America. The intelligence had been exchanged with the competent national authorities and embassies of each country. The Government had also provided mutual legal assistance to other countries in the field of drug control and enforcement.

Issue 2: Challenges in addressing new psychoactive substances, amphetamine-type stimulants aad the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances

Recommendation 5

39. It was recommended that Governments review their chemical control legislation, monitoring practices and staff training on chemical awareness to ensure that they provide the necessary control and compliance standards required for precursor chemicals used in the illicit manufacture of drugs.

40. Algeria reported that it was a registered user of the Pre-Export Notification Online (PEN Online) system of INCB, which enabled it to halt any suspicious exports.

41. Eswatini reported having trained 30 officers on the subject and was now in the process of forming an interministerial committee to deal with new psychoactive substances and precursors.

42. In Mali, articles 50 et seq. of the Drug and Precursor Control Act regulate the use, sale and distribution of precursor chemicals, essential chemicals and pharmaceutical preparations. The Act ensured that precursor chemicals, essential chemicals and pharmaceutical preparations were used for licit purposes by describing the relevant administrative procedures and specifying the persons authorized to use them. Registration for the PEN Online system and the Precursors Incident Communication System (PICS) to prevent the diversion of precursors between the territory of Mali and importing countries had not yet been successful.

43. Action taken by Morocco included the establishment of rigorous controls over the import of such chemicals, stringent regulations for the granting of licences to market such products and ensuring their traceability all the way to their end use. To date, no case involving the diversion of precursor chemicals has been recorded.

44. Nigeria indicated that review, monitoring and training activities had been conducted in relation to the present recommendation.

45. The Pharmacy and Medicines Directorate of the Ministry of Health of Senegal, which is responsible for matters relating to the import of chemical precursors and other medications under international control, has ensured compliance with the present recommendation by conducting unannounced inspections in partnership with the Directorate-General of Customs.

46. South Africa has developed a legislative, preventive and treatment model and a supportive scientific evidence-based review and scheduling process for the most prevalent, persistent and harmful substances. The initiatives are aimed at preventing the diversion and misuse of pharmaceuticals containing narcotic drugs, psychoactive substances and precursors while ensuring their availability for legitimate purposes.

47. In the Sudan, articles 6 and 27 of the Medicines and Poisons Act, 2009, provide a general framework for precursor control. In 2012, the Narcotic Drugs, Psychotropic Substances and Precursors Regulations defined requirements and conditions for the scientific and medical use of precursors. Procedures for precursors were added to the procedures manual for narcotic drugs and psychotropic substances.

48. The United Republic of Tanzania reported that the Government had taken various initiatives to address challenges related to new psychoactive substances, amphetamines and the diversion of precursor chemicals. In December 2017, the Government, through Parliament, amended legislation to empower the Drug Control and Enforcement Authority to control drug trafficking, including offences relating to the diversion and illegal possession of precursor chemicals, substances with drug-related effects or used to manufacture drugs. In 2017, 68 officers from different countries received training on the control of drug trafficking including the diversion of precursor chemicals and pharmaceutical products. The trainees came from China (15 trainees), India (32), Sri Lanka (1), Switzerland (3), the United Republic of Tanzania (14) and the United Kingdom (3).

Recommendation 6

49. It was recommended that Governments encourage their drug enforcement and chemical control authorities to improve inter-agency cooperation in the monitoring of domestic sales of precursor chemicals.

50. Algeria reported that periodic coordination meetings were held between the competent authorities, in particular the health and trade authorities, to establish institutional cooperation channels and streamline the exchange of information on domestic sales of precursor chemicals in breach of the rules. An agreement had been concluded between the National Laboratory for the Control of Pharmaceutical Products and the Central Laboratory of the Forensic Police with a view to sharing expertise.

51. Mali indicated that no action had been taken on the matter.

52. Morocco reported that, to be prepared for the possibility that certain chemicals might be diverted to illicit ends, in particular the illicit manufacture of drugs, investigations were launched whenever national entities reported suspicious shipments of such chemicals to the Moroccan authorities or partner countries provided relevant information. The purpose was to ensure that the chemicals in question really were intended for commercial and/or industrial purposes. Inter-agency coordination was deemed to be of great importance. Having the private sector as a partner in this area was also essential.

53. Nigeria reported that it had an inter-agency coordination committee on drug control issues to foster cooperation between regulatory and law enforcement agencies. Meetings were held every quarter.

54. Senegal reported that joint operations between defence and security forces were periodically carried out under the auspices of INTERPOL to combat the illicit trade in counterfeit medications and chemical products.

55. South Africa reported that new psychoactive substances were a growing threat internationally, with drugs appearing in Europe and the United States at frequent intervals. South Africa was not immune from the globalized illegal drug trade, and it had emerged that new psychoactive substances were being used locally. Law enforcement agencies and treatment centres were monitoring this rapidly evolving situation very carefully.

56. In the Sudan, procedures for the distribution of precursors had been included in the procedures for narcotic drugs, psychotropic substances and precursors. Chemicals are controlled by the National Medicines and Poisons Board through the Commission on Narcotic Drugs, Psychotropic Substances and Precursors, working with local health, drug control and customs authorities, who are responsible for monitoring, sale and control.

57. The United Republic of Tanzania reported that the Government, through the Drug Control and Enforcement Authority, had conducted several stakeholder meetings to discuss strengthening the monitoring of precursor chemicals and pharmaceuticals with drug-related effects and had come up with the following recommendations: the regulatory and enforcement authorities should conduct joint inspections to monitor the implementation of national legislation; the Tanzania Food and Drugs Authority should issue a regulation governing controlled drugs and precursor chemicals; the Government Chemist Laboratory Authority should strengthen the chemical management information system known as CHEMIS and give the Drug Control and Enforcement Authority access for use in the monitoring of precursor chemicals; the Government Chemist Laboratory Authority should review a list of 72 precursor chemicals included in the seventh schedule of the Industrial and Consumer Chemicals (Management and Control) Act No. 3 of 2003; the Drug Control and Enforcement Authority and the Government Chemist Laboratory Authority should be included in the activities of the Joint Port Control Unit (currently the Drug Control and Enforcement Authority was participating in the control activities at the port of Dar es Salaam); the Government Chemist Laboratory Authority, the Tanzania Food and Drug Authority, the Medical Stores Department and the Tanzania Revenue Authority should give the Drug Control and Enforcement Authority online access to their database on precursor chemicals, narcotics and psychotropic substances (the Drug Control and Enforcement Authority was currently accessing such information through the Tanzania Customs Integrated System of the Tanzania Revenue Authority, and periodically received substances transactions reports from the Government Chemist Laboratory Authority, the Tanzania Food and Drug Authority, and the Medical Stores Department).

Recommendation 7

58. It was recommended that Governments take measures to ensure that effective controls are in place to detect and prevent the illegal importation of medications and pharmaceutical products.

59. In Algeria, customs authorities only authorized the import of medications and pharmaceutical products if an import plan approved by the Ministry of Health was presented. Furthermore, under Operation Qanoon, which was coordinated by INTERPOL, the Directorate-General of National Security had piloted a major operation, launched in April 2018, that had mobilized all relevant national stakeholders.

60. Eswatini reported that draft legislation governing the products in question had not yet been voted into law by the country's parliament.

61. In Mali, the Central Office for Narcotic Drugs and the customs authority have agreed to join forces by exchanging operational information to combat the illegal importation of medications and pharmaceutical products.

62. Morocco reported that it had introduced a border control system, imposed stringent regulations on the import of medications and pharmaceutical products, conducted periodic unannounced inspections of pharmacies and combated the smuggling of medications and pharmaceutical products.

63. Nigeria has taken measures such as introducing a system of import authorizations for narcotics and other controlled substances, conducting physical inspections at ports of entry and inspecting facilities where controlled medicines are manufactured, stored or utilized.

64. Senegal reported that the import and sale of medications and pharmaceutical products was subject to strict rules, non-compliance with which resulted in severe criminal penalties, including imprisonment and heavy fines.

65. South Africa indicated that the decreasing trend in the illicit drug trade was likely to persist. Moderating factors such as border management processes at ports of entry were coupled with good work done in the management and control of controlled chemicals as well as of anonymous online trafficking. Syndicates were unable to easily purchase precursor chemicals online.

66. Under the Medicines and Poisons Act, 2009, of the Sudan, the sole authority regulating the import of medicines was the National Medicines and Poisons Board. Customs authorities released imported medicines in accordance with procedures established by the Board. The Board worked in accordance with laws, regulations and manuals. Procedures included terms and rules that should contribute to detecting and significantly reducing illicit imports.

67. In the United Republic of Tanzania, the Drug Control and Enforcement Authority had strengthened the sharing of information among regulatory authorities. Under the arrangement, the Drug Control and Enforcement Authority received transaction reports for substances with drug-related effects used in medications. As a result, the Drug Control and Enforcement Authority had closely monitored dealers in pharmaceuticals and had inspected 52 of them, including 5 hospitals.

Issue 3: Best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes

Recommendation 8

68. It was recommended that, if they had not already done so, Governments develop national strategies to address increasing access to controlled drugs for medical and scientific purposes.

69. There were pharmacies throughout Algeria, including in the most isolated areas. New pain treatment centres had been opened throughout Algeria that increased access to controlled substances.

70. Eswatini reported that this subject was still in the pipeline.

71. Mali did not have a national counter-narcotics strategy that took into account the availability of controlled substances for medical and scientific purposes.

72. In 2017, Nigeria conducted a national operation to quantify the narcotics, psychotropics and precursors in the country to assess the country's needs. The country also decentralized the warehousing of narcotics to improve access. Finally, Nigeria reviewed its inventory management tools to facilitate the keeping of routine documentation by stakeholders.

73. In Senegal, strategies had been developed to make controlled substances available for medical and scientific purposes. One such substance was methadone, which was administered as part of substitution therapy to persons who use drugs by injection and who were registered with the Comprehensive Addiction Treatment Centre in Dakar (CEPIAD).

74. The Government of South Africa was aiming to increase the number of patients treated for medical conditions requiring medication containing controlled substances while controlling their misuse and diversion. The national drug policy of South Africa requires safe and effective medicines to be available to the community.

75. The Sudan had a system for importing, distributing and dispensing narcotic drugs, psychotropic substances and precursors to meet medical and scientific needs. The functioning of the system was periodically verified.

76. The Tanzania Food and Drug Authority was implementing the Tanzania Food, Drugs and Cosmetics Act No. 1 of 2003 by ensuring the availability and accessibility of internationally controlled drugs for medical and scientific purposes. The Tanzania Food and Drug Authority exercised control through registration, certification, inspection and the issuance of import permits. The sole importer and distributor was the Medical Stores Department.

Recommendation 9

77. It was recommended that Governments be encouraged to undertake efforts to review legislative policies and regulatory procedures to improve the import and export process for substances under international control and to address issues related to their affordability.

78. Algeria indicated that this issue was being addressed diligently and the relevant forms were regularly sent to INCB, followed by any necessary clarifications.

79. Eswatini reported that the Government had reviewed old legislation and had submitted bills to parliament to amend it.

80. Mali reported that articles 32 et seq. of Law No. 01–078 of 18 July 2001, as amended, contained rules on the import and export of controlled substances. Issues related to the affordability of those substances were dealt with by the Directorate for Pharmacy and Medicines, which handled pricing.

81. Nigeria reported that regulations were under review and that updated regulations were expected to be available by the third quarter of 2018.

82. Senegal had taken measures in relation to the customs authorities to facilitate the import and export of substances under international control. In addition, it had planned to exempt certain substances intended for use in the medical treatment of drug users from customs duties.

83. South Africa had amended and reviewed the Medicines and Related Substances Amendment Act, No. 72 of 2008, and the Medicines and Related Substances Amendment Act, No. 14 of 2015. The two amendments introduced far-reaching changes in the regulatory environment applicable to medical devices, complementary medicines and health supplements.

84. The Sudan reported that controlled drugs were supplied through importation by the Government and by the private sector and were provided to citizens free of charge in emergency and life-saving situations for a period of 24 hours. Health insurance covered a significant portion of the population.

85. The United Republic of Tanzania reported that the Government had implemented the recommendation by reviewing the Drug Control and Enforcement Act of 2015 and its Regulations thereto in 2017. The review was aimed at strengthening the law in general and taking into account some crucial issues that had not been addressed earlier.

Recommendation 10

86. It was recommended that Governments of the region take measures to support the capacity-building and training of health-care professionals and competent national authorities on adequate access to controlled substances for medical purposes and to engage law enforcement in strengthening the systematic procedures that would prevent diversion while increasing access to medical care.

87. Algeria reported that its competent State institutions cooperated on a regular basis to train health-care professionals, including those in the medical and paramedical professions. Furthermore, the issue was addressed in the basic training provided to those professionals.

88. Eswatini reported that the Ministry of Health provided on-the-job training for its staff.

89. Law enforcement officers in Mali had received extensive training in precursor control and the detection of clandestine laboratories. The training had been provided at the national, subregional and international levels.

90. Training courses were held in Morocco for the benefit of drug control officials. The courses emphasized, inter alia, the need to respect the legal provisions in force to ensure that controlled substances were used for medical purposes, and to initiate judicial proceedings in accordance with the regulations in force.

91. Nigeria reported that it had conducted a quantification and estimation exercise. This exercise facilitated the training of 12 master trainers in February 2017. Subsequently, 252 data collectors had received training in all 6 geopolitical zones in the country. Also, officials of the regulatory institutions were trained as analysts. In August 2017, a technical working group on quantification and estimation received training and finalized national quantification and estimation guidelines. The working group comprised members of national regulatory institutions, the National Drug Law Enforcement Agency and health-care professionals.

92. Nigeria further reported that its technical working group for the review of the national policy on controlled medicines was made up of experts drawn from government agencies, the private sector and civil society. Meetings and training sessions were held, which had led to the finalization of the national policy on controlled medicines in the last quarter of 2017.

93. In Senegal, meetings were being held regularly between law enforcement officers and parties involved in the import, export and sale of controlled substances to prevent the diversion. The Pharmacy and Medicines Directorate carried out unannounced inspections on the premises of companies that imported precursor chemicals.

94. South Africa noted that the use of psychoactive substances had reached alarming proportions throughout the country and imposed a significant social and public health burden that was, to a large extent, preventable. The increasing availability and diversity of synthetic compounds with psychoactive and dependence-producing properties required adequate and proportionate policy and programmatic responses. Through their collaborative programme on drug dependence treatment and care, the Department of Health and the Department of Social Development had already provided support to many health professionals.

95. In the Sudan, the Commission on Narcotic Drugs, Psychotropic Substances and Precursors, under the auspices of the National Medicines and Poisons Board (the regulatory authority of the Sudan for medicines) and with the participation of police and customs, updated its procedures for preventing the diversion of controlled substances. The Commission produced publications and manuals and organized lectures for health-care providers.

96. The United Republic of Tanzania reported that the Government had implemented the recommendation by training 3,000 health service providers to

increase access to controlled substances for various medical conditions including mental health conditions, pain management and the management of drug addiction. The country was the first in sub-Saharan Africa to offer methadone-assisted therapy for people with opioid use disorders. By the end of December 2017, a total of 6,100 clients had been recruited into the programme. Treatment centres are being expanded in different parts of the country. The Government had been training law enforcement officers in the field of controlled substances to prevent diversion and misuse of substances.

Issue 4: Practical measures tailored to the specific needs of children and youth to prevent and treat drug abuse among them and to address their involvement in drug-related crime, including cultivation and trafficking

Recommendation 11

97. It was recommended that, if they had not already done so, Governments develop well-defined national strategies to address drug use prevention, treatment for drug use disorders, care, rehabilitation and reintegration into the community, tailored for children and youth and guided by international standards and norms.

98. Algeria reported that, in 2016, a national survey had been conducted on the prevalence of drugs in high schools and colleges, the results of which had been shared with the statistics sections of UNODC and INCB. The next national strategy to combat and prevent the use of drugs and psychotropic substances would be developed based on, inter alia, the results of and recommendations arising from that survey.

99. Eswatini reported that action had been taken regarding prevention measures for children.

100. Mali did not have a well-defined national strategy tailored to children and youth to prevent drug use, treat drug use disorders, provide care, rehabilitate users and reintegrate them into the community. However, the Prevention Division of the Central Office for Narcotic Drugs regularly held awareness-raising and information events for target audiences in partnership with certain non-governmental organizations. The Psychiatry Service of the Point G Hospital was responding to many cases of reported drug use disorders.

101. In Morocco, even though the core tasks of the law enforcement agencies were the investigation and curbing of drug-related offences, reducing demand through prevention was one of the main activities of the agencies involved in this area.

102. Morocco further reported that collaborative awareness-raising campaigns were being held at schools. The main endeavour in such campaigns was to encourage young people to adopt a healthy lifestyle and become aware of the dangers of drug use, as they were a high-risk group and were also the most vulnerable among the population as a whole. Multidisciplinary teams of police officers had been established that had been tasked with combating all forms of crime at and around schools, including the use of and trafficking in drugs and psychotropic substances.

103. Morocco also noted that efforts had been made to heighten public awareness, mainly through the media, of the security, health-related and social problems caused by drug use. Efforts had also been made to encourage an open dialogue and facilitate a better understanding of the issues related to drug use. Together with civil society, the medical profession and other professional communities, police were taking part in awareness-raising campaigns and workshops at the national level to discuss this problem.

104. In Nigeria, the drug demand reduction component of the national drug control master plan 2015–2019 contains national strategies on sensitization, prevention, treatment and continuing care. The issues of drug use and HIV/AIDS were also mainstreamed into the drug demand reduction component of the plan. To facilitate implementation of drug demand reduction activities, the country had developed national

minimum standards for the treatment of drug dependence treatment for use by all stakeholders. The national minimum standards were published in February 2018.

105. In addition, Nigeria started a multi-stakeholder process to develop national treatment guidelines, which was expected to be finalized by the end of 2018. The endeavour was being supported under UNODC project NGAV16 entitled "Response to drugs and related organized crime in Nigeria".

106. The programme "Unplugged" is an evidence-based programme conducted in schools that is aimed at preventing the use of tobacco, alcohol and cannabis among children between 10 and 14 years of age. Another evidence-based prevention programme, entitled "Family strengthening programme", is currently being piloted with the use of materials adapted to local circumstances. It is aimed at reducing family-related risk factors for problem behaviour among adolescents by working with the adolescents themselves and their parents or caregivers.

107. Eleven hospital-based treatment centres were upgraded in Nigeria under a UNODC project funded by the European Union. To date, five community-based treatment and continuing care centres had been established in three geopolitical zones in the country.

108. In Senegal, a comprehensive approach has resulted in a national strategic plan to combat drugs that takes into account the social dimension of drug use. Specialized centres tasked with educating, advising and treating children affected by drug use have been established and strengthened, for example the Jacques Chirac Centre in Thiaroye and CEPIAD.

109. South Africa indicated that the national approach to the drug problem was becoming more balanced, with greater emphasis placed on demand reduction and less on supply reduction. Prevention and reduction of drug-related harm was the element most commonly encountered in drug-related measures. The key elements were scientific analysis and scientific evidence as a basis for decision-making; clear priorities and common objectives; performance targets to assess progress; and evaluation to measure the effectiveness of the measures taken.

110. The Sudan reported that police were working with other authorities involved in drug control in accordance with approved programmes under the national drug control plan.

111. The United Republic of Tanzania had enacted the Drug Control and Enforcement Act No. 5 of 2015, pursuant to which the Drug Control and Enforcement Authority had been established in February 2017. The Authority, while fighting to reduce the drug supply in the country, was involved in drug demand and harm reduction. The Authority had been a beneficiary of capacity-building measures. The country was developing a national strategy for drug use prevention, the treatment for drug use disorders, care, rehabilitation and reintegration into the community, tailored to children and youth and guided by international standards, to be implemented by the Authority.

Recommendation 12

112. It was recommended that Governments be encouraged to promote effective coordination between the education, justice and law enforcement sectors to ensure that the needs of underage drug offenders are appropriately considered and treatment services are provided as required.

113. In Algeria, ONLDT, through the Monitoring and Evaluation Committee, was responsible for coordinating activities to combat the drug problem. The Office had established a permanent committee to study the problem of drug use among minors, their prosecution and their medical treatment, and propose solutions.

114. Eswatini reported on meetings and seminars to promote coordination between ministries.

115. Mali had established an interministerial mission for counter-narcotics coordination, which was not yet operational. The mission was to coordinate the education, justice and law enforcement sectors in all matters concerning the use and trafficking of drugs.

116. In Morocco, underage drug offenders enjoyed special treatment as required by law; only specially trained police officers were allowed to interview them in the presence of one of their parents or their guardian. Underage drug offenders may not be taken into custody as such; instead, they are placed under supervision in dedicated institutions with medical expertise on hand.

117. In Nigeria, preventive education and social media were being used to raise awareness. Underage drug offenders were not prosecuted in Nigeria. Counselling and rehabilitation centres that attended to drug offenders, including underage offenders, existed across the country. There were no specific programmes for minors, although a national referral network system for treatment and continuing care services was being established to facilitate access to treatment and rehabilitation services. A referral protocol was expected to be finalized in the course of 2018.

118. Article 120 of the Narcotics Code of Senegal provides for treatment. It can be used to avoid the systematic incarceration of children who use drugs. There is an interministerial drug control committee in which the national education, law enforcement and justice sectors are represented.

119. South Africa took the view that coordination at the national, regional and local levels was fundamental. National coordinators both managed policy implementation and assumed political responsibility for it. Drug services were increasingly being integrated into the health-care, social and criminal justice sectors. Networks linking policymakers and practitioners at the local level and linking national, regional and local authorities also enhanced cooperation.

120. The Sudan reported that competent authorities working in the field of drug control were coordinating effectively. School personnel, in particular psychological and social counsellors, were being trained on drug prevention work according to accepted international standards.

121. In the United Republic of Tanzania, the Government, through the Drug Control and Enforcement Authority, had been coordinating stakeholders in multiple sectors, including education, justice and law enforcement. That coordination had led to the seizure of vast amounts of drugs. It had also resulted to the formation of anti-drugs clubs in primary schools in Dar es Salaam, and the plan is to scale them up to other regions.

Recommendation 13

122. It was recommended that Governments be encouraged to undertake efforts to review measures that have been taken to ensure that all actors within the child protection, health and juvenile justice systems have the capacity to protect the rights and respond to the needs of children, including by providing those in need with drug treatment and related support services, throughout the justice system and upon reintegration into families and the community.

123. Algeria reported that this issue was strictly regulated and supported by the law, and that centres had been established for that purpose with the support of the Ministry of National Solidarity, Family and Women's Affairs.

124. Eswatini reported that the Government had opened a school in the juvenile correctional institution for the rehabilitation of children. Two clinical rehabilitation centres existed in the country.

125. Mali indicated that no action had been taken on this recommendation.

126. Nigeria reported that the Government had already included drug education into the school curriculum at the primary and secondary levels to impart knowledge as a

protective tool for the child. All other actors active in child protection had the capacity to protect the rights and needs of children.

127. Nigeria further indicated that it was building the capacity of stakeholders and sensitizing them to drug prevention, treatment and continuing care. Prison officials, drug law enforcement officials and civil society organizations were all part of this programme.

128. In Senegal, the Ministry of Justice had established child protection and secure training centres to protect children's rights. Senegalese criminal law grants special protection to underage offenders.

129. South Africa reported having worked on enhancing relationships and communications with other social services agencies including the Department of Justice and the Department of Health regarding the response to and placement of children. The Government focused on enhancing relations within the criminal justice system, including the courts. The Government had identified all possible disasters that affected child protection; established a process that involved consultation with all child welfare partners in planning development in line with the national drug master plan 2018–2022; and established evacuation plans for all children under supervision.

130. The Sudan reported that a special police department had been established for the protection of children and the family. The department had the capacity to fulfil all needs and provide support services. Efforts were made by the Ministry of Social Security to provide shelters for displaced persons and orphans in various towns.

131. The United Republic of Tanzania had enacted Drug Control and Enforcement Act No. 5 of 2015, pursuant to which the Drug Control and Enforcement Authority had been established in February 2017. Amendments were made to the Act and regulations to it issued to ensure that all actors within the child protection, health and juvenile justice systems had the capacity to protect the rights and respond to the needs of children, including by providing those in need with drug treatment and related support services, throughout the justice system and upon reintegration into families and the community.

Recommendation 14

132. It was recommended that Governments do more to encourage and support training of relevant stakeholders at the national and community level, including law enforcement, the justice sector, the health sector and the education sector, to ensure evidence-based interventions are universally implemented within a coordinated, culturally and socially relevant system to promote healthy lifestyles for youth as productive members of the community.

133. Algeria reported that this issue was being addressed in the context of the new strategy and had been the subject of discussions and recommendations at meetings of the Monitoring and Evaluation Committee. Furthermore, representatives of the Directorate General of National Security actively participated in national and international workshops and seminars on the issue on a regular basis, including in their capacity as experts.

134. Eswatini reported that it conducted workshops on the subject on an annual basis.

135. Mali reported that training sessions were organized periodically for magistrates, criminal investigation officers and health-care personnel.

136. Nigeria indicated that a series of training activities had been held: drug demand reduction and drug prevention, treatment and care, for national drug law enforcement officers; Treatnet practitioner training, for National Drug Law Enforcement Agency counsellors; proposal development, networking and report writing, for non-governmental organizations; developing a community-based treatment programme, for civil society organizations; capacity-building on Treatnet volumes A and B, for civil society organizations; the family-strengthening

programme, for counsellors; working with people who inject drugs and community members on sexual and reproductive health and HIV/AIDS for drug users, for civil society organizations; enhanced partnership for HIV programmes, for law enforcement agencies and civil society organizations; implementation of the national HIV strategy for adolescents and young people, for civil society organizations working with adolescents and young people who inject drugs; provision of HIV/AIDS services to people who inject drugs, for members of the drug harm reduction advocacy network and civil society organizations working with people who inject drugs; and data management relating to the Nigerian Epidemiological Network on Drug Use, for professionals from the health-care sector and the National Drug Law Enforcement Agency.

137. In Senegal, a national action and awareness week had been held every year to change the lifestyles of young people. Training had been regularly provided to relevant stakeholders to provide a comprehensive response to drug use by young people, particularly in schools and universities.

138. South Africa highlighted that the importance of monitoring the evolution of drug problems and establishing indicators for the delivery and impact of strategies was increasingly recognized by the South African Government. Investment in evaluation, research and training was also increasing across South Africa. Formal quality assurance procedures had been established to improve the effectiveness of drug prevention and treatment, by introducing the accreditation of treatment centres, monitoring progress and providing training.

139. The Sudan reported having organized workshops to support efforts made in the field of drug abuse prevention, targeting health, education, youth, sports, culture and information organizations and other relevant parties.

140. In the United Republic of Tanzania, the Government had trained health-care providers, members of the judiciary, members of parliament, community leaders and law enforcement practitioners in the Mbeya, Morogoro, Mwanza, Iringa and Dodoma regions. The aim was to ensure that evidence-based interventions were integrated into drug supply reduction, drug demand reduction and harm reduction interventions. The law enforcement practitioners included police officers and magistrates. Furthermore, training events had been held for community leaders such as ward executive officers, as well as for regional and district committees for security and safety. Special training events and sensitization meetings were conducted for members of parliament. These training events were currently being scaled up to other regions with the aim of reaching all regions in the country. The Government used the commemoration of special national days as an opportunity to address issues related to drug supply reduction, demand reduction and harm reduction.

III. Conclusions

141. Most responding Governments had developed national and regional strategies for addressing drug trafficking by sea. Some Governments provided information on international cooperation undertaken in this area. Landlocked countries had not taken action in this area.

142. Several Governments had made efforts to develop maritime intelligence capacity within their drug enforcement authorities to monitor the movement of vessels and were sharing the information they gathered with counterparts.

143. Some Governments had been involved with and supported the Indian Ocean Forum on Maritime Crime. However, several countries reported no activities related to the Forum.

144. Almost all the responding Governments had undertaken steps to ensure that the contact information they had provided for inclusion in the United Nations directory of competent national authorities was accurate and that it was regularly updated. In

some countries, coordination meetings between control authorities were held on a regular basis.

145. Most Governments in the region had specific legal provisions for chemical control legislation to ensure high standards and effective controls for precursor chemicals used in the illicit manufacture of drugs. A small number of Governments reported using the systems administered by INCB in that regard.

146. Some Governments had taken action to ensure that effective controls were in place to detect and prevent the illegal importation of medicines and pharmaceutical products. Several Governments had taken measures to increase access to controlled drugs for medical and scientific purposes.

147. Several Governments reported having taken steps to review legislative policies and regulatory procedures to improve the import and export process for substances under international control. Some Governments also highlighted efforts to address the affordability of the substances.

148. The majority of responding Governments had taken measures to support the training of health-care professionals and competent national authorities on adequate access to controlled substances for medical purposes.

149. Most Governments had developed strategies to address drug use prevention and treatment for drug use disorders tailored to children and youth. Some Governments reported taking into account the international standards and norms in that respect.

150. Several Governments had taken measures to ensure evidence-based interventions were implemented in a systematic way to promote healthy lifestyles among young people.